

## **PCA UPDATE**

### **LAPAROSCOPIC INJURIES**

May, 1999

Many laparoscopic injuries have been reported as major incidents to the Patient Care Assessment (PCA) Committee of the Massachusetts Board of Registration in Medicine. Reported injuries include lacerations and ligations of the common and hepatic bile ducts, perforations of the large and small bowel, and punctures of major blood vessels. The PCA Committee has also reviewed major incident reports describing delays in diagnosis of these injuries with resultant delays in surgical corrective measures.

The purpose of this Update is to prevent problems with laparoscopic procedures by heightening awareness of potential difficulties, not to dictate how those procedures should be performed. Based upon the Committee's review of the major incident reports we have received involving laparoscopic injuries, here are some general suggestions for surgeons doing laparoscopic procedures and for the health care facilities in which they work.

1. When appropriate, consider using the safer open technique with a blunt trocar insertion, rather than the closed needle/trochar technique with a sharp-pointed trocar insertion.
2. Do not be reluctant to convert a laparoscopic procedure to an open procedure when difficult anatomy or bleeding is encountered.
3. Be conservative in the use of laparoscopy for lysis of adhesions.
4. When obtaining informed consent for a laparoscopic procedure, include a detailed description of all potential major complications that can occur during the procedure.
5. Develop "procedure-specific" credentialing for all physicians who do laparoscopic procedures.

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#### **Members of the PCA Committee**

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